



Overcoming Barriers and the Stigma Associated with Mental Illness in Asian American and Pacific Islander (AA/PI) Communities

August 11, 2005



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

www.stopstigma.samhsa.gov 1



Sponsor

This teleconference is sponsored by the SAMHSA Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center).

The ADS Center is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS).

The ADS Center provides practical assistance in designing and implementing anti-stigma and anti-discrimination initiatives by gathering and maintaining best-practice information policies, research, and programs to counter stigma and discrimination. We actively disseminate anti-stigma and anti-discrimination information and practices to individuals, States, local communities, and public and private organizations.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

www.stopstigma.samhsa.gov 2



Address

SAMHSA ADS Center
11420 Rockville Pike
Rockville, MD 20852
Toll free: 1-800-540-0320
Fax: 240-747-5470
Web: www.stopstigma.samhsa.gov

The Moderator for this call is Michelle Hicks



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

www.stopstigma.samhsa.gov 3



Questions?

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing 01 on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your name, you may proceed with your question.





Speakers

Teddy Chen, LCSW, Ph.D.

Dr. Chen is Director of the Bridge Program at the Charles B. Wang Community Health Center in New York City. Founded in 1997, the Bridge Program offers a service model that integrates mental health care into the primary health care routine of members of New York's Chinese community. Through bilingual and bicultural providers, the Bridge team supports primary care physicians by providing assessment, medication, and culturally-appropriate counseling to adults, adolescents, and children.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

www.stopstigma.samhsa.gov 5

Speakers

Gayathri Ramprasad, M.B.A., Consumer Advocate



Gayathri is a long-time mental health advocate and social entrepreneur. She is a member of the NAMI Board of Directors and a trained presenter of NAMI's premier Recovery Education Program, *"In Our Own Voice: Living with Mental Illness."*

Overcoming Barriers and the Stigma Associated with Mental Illness in AAPI Communities

**SAMHSA ASD Center
Teleconference Training
August 11, 2005**

**Teddy Chen, LCSW, PhD
Director
Mental Health Bridge Program
Charles B. Wang Community Health Center
New York City**

Underutilization of Mental Health Services by AAPI

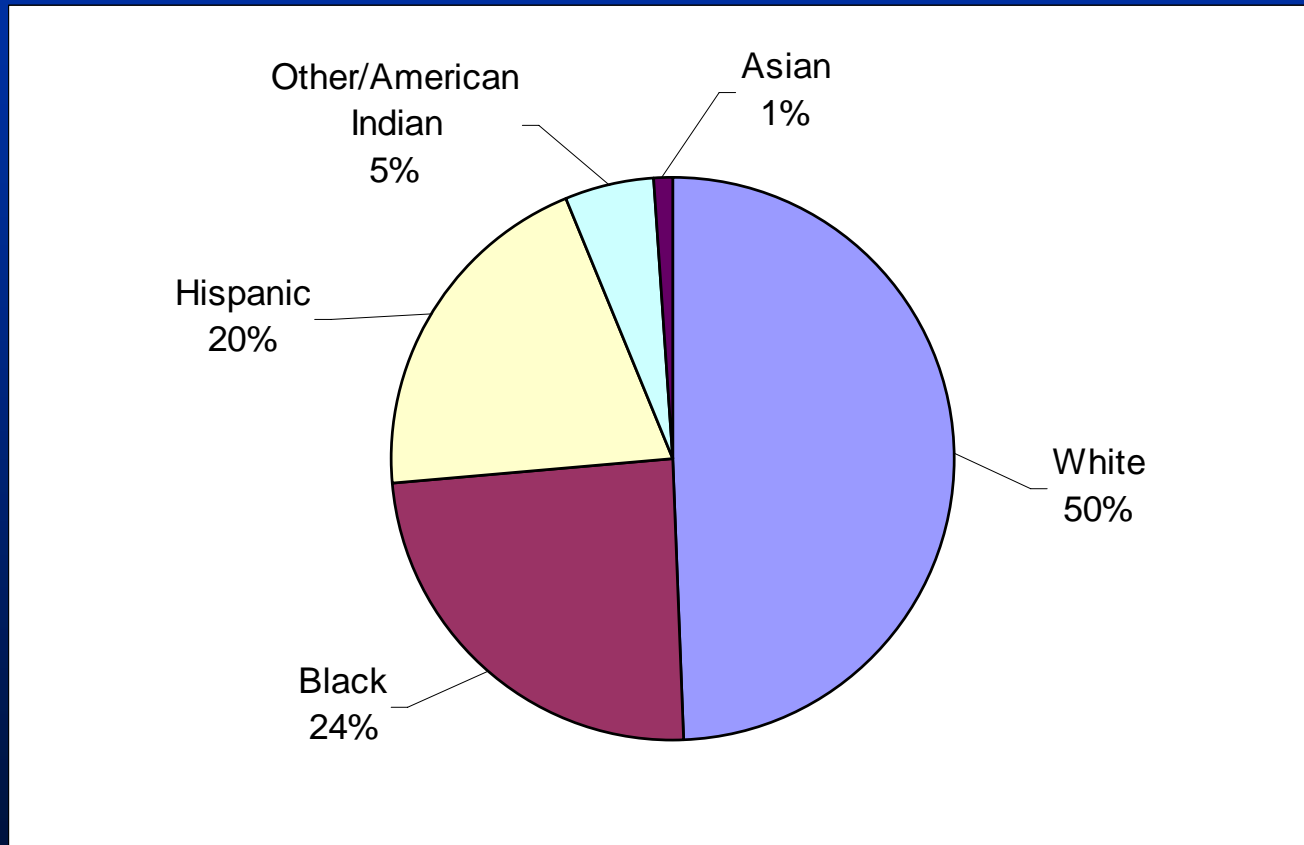
- Asian Americans Constituted 8.7% of Los Angeles County Population, But Only 3.1% of Mental Health Service Clients in Los Angeles County
(Sue, et al. 1983-1988)
- Asian Americans Constituted 9.1% of San Diego County Population, but Only 3.6% of Mental Health Service Clients in San Diego County
(Chen, et al. 1991-1994)

Underutilization of Mental Health Services by AAPI

- AAPI populations are 3 times less likely than White populations to use available mental health services (Marsuoka, Breau, & Ryujin, 1997) .
- Only 17% of Chinese Americans who experienced problems with emotions, anxiety, drugs, alcohol, or mental health in the past 6 months sought care; less than 6% of them saw mental health professionals, 4% saw medical doctors, and 8% saw a minister or priest. (Young, 1998).

NYS Public Mental Health System Mental Health Utilization

Ethnic composition of population served



Total persons served = 630,000

Source: Carpinello, S. (2004). Providing Quality Services in Culturally Diverse Settings. *Mental Health News*, Fall 2004, 9.

Stigma and Shame

- The reluctance to use services is attributable to factors such as the shame and stigma accompanying use of mental health services, cultural conceptions of mental health and treatment that may be inconsistent with Western forms of treatment, and the cultural or linguistic inappropriateness of services (Sue & Sue, 1999).

(U.S. Department of Health and Human Services. (2001). Mental Health: Culture, Race, and Ethnicity-A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, Office of the Surgeon General)

Stigma

- **Stigma is a social force that “deprives people of their dignity and interferes with their full participation in society.”**

DHHS. Mental Health: a report of the Surgeon General. 1999.

- **Stigma towards mental illness is a prominent obstacle to effectively providing mental health services to Asian-Americans.**

DHHS. Mental Health: Culture, Race, and Ethnicity-A Supplement to Mental Health: A Report of the Surgeon General. 2001.

Stigmatization of Mental Health Problems by AAPI

- **Personal immaturity, weakness, lack of self-discipline**
- **Hereditary Flaws**
- **Supernatural Punishment and Retribution**
- **Child-Rearing Practice Failure**
- **Feeling shameful for needing extrafamilial interventions in personal problems**

Uba, L. (1994). Asian American, Personality Patterns, Identity, and Mental Health.

Stereotyping Victims of Mental Health Disorders

- **Negatively stereotyping people suffering from mental disorder**
 - “are quick-tempered”
 - “are dangerous”
 - “may lose control”
 - “may commit outrageous acts in public places”
- **Confucianism influence and a desire to preserve social order**
- **Loss of face**

Yang, L. (2005). Application of Stigma Theory to Chinese-Americans with Psychiatric Illness. Manuscript to be published.

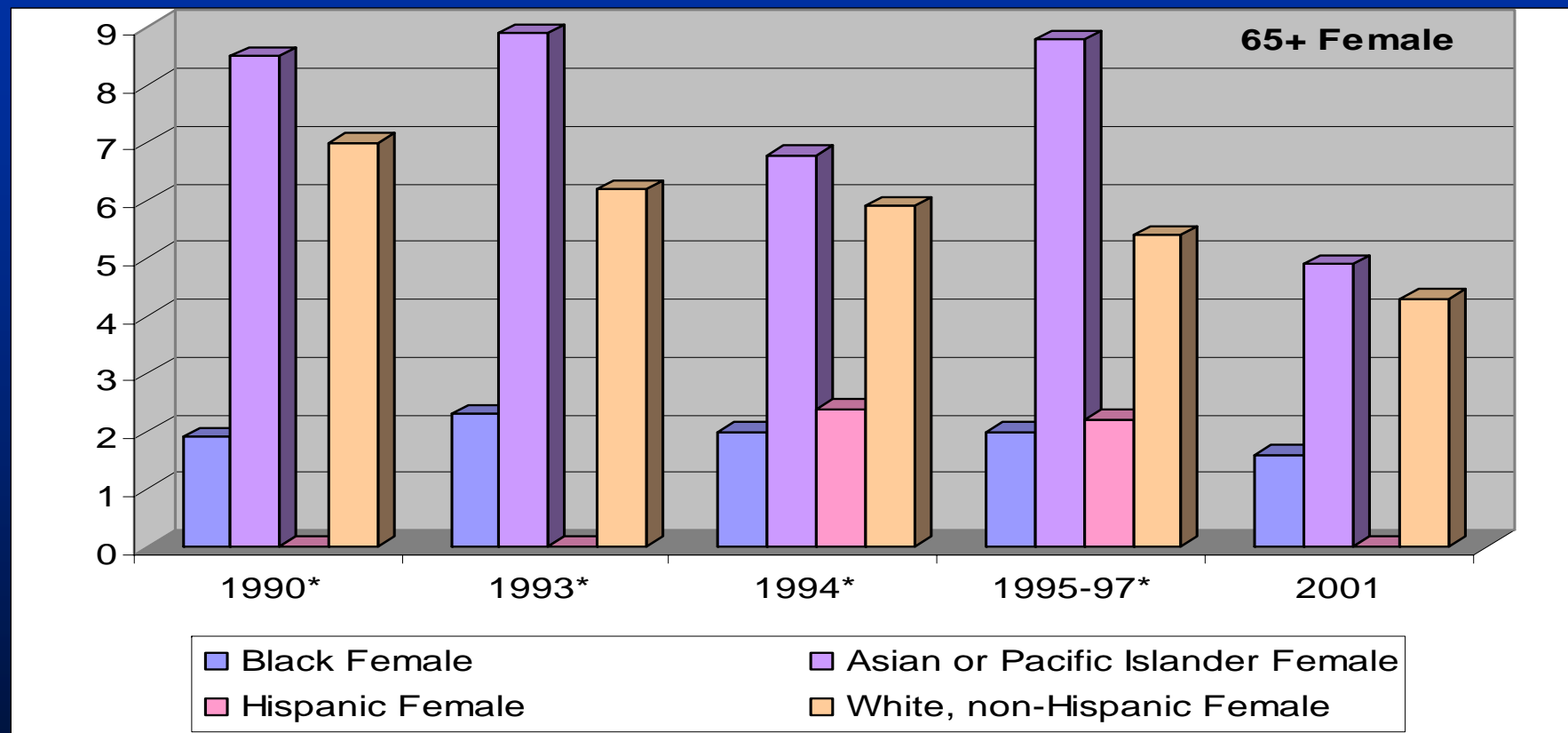
Consequences of Stigma

- Endorsing secrecy as a predominant coping behavior for the victims of the mental disorders
- Loss of self-esteem, feeling of shame, feeling of alienation
- Failing to fully access and accept treatment
- Structural discrimination
 - Shortage of funding, shortage of linguistically-capable providers

Yang, L. (2005). Application of Stigma Theory to Chinese-Americans with Psychiatric Illness. Manuscript to be published.

API Females Age 65 and Over still have Highest Suicide Rates

Detailed Race, Hispanic Origin: United States, Selected Years 1990 - 2001



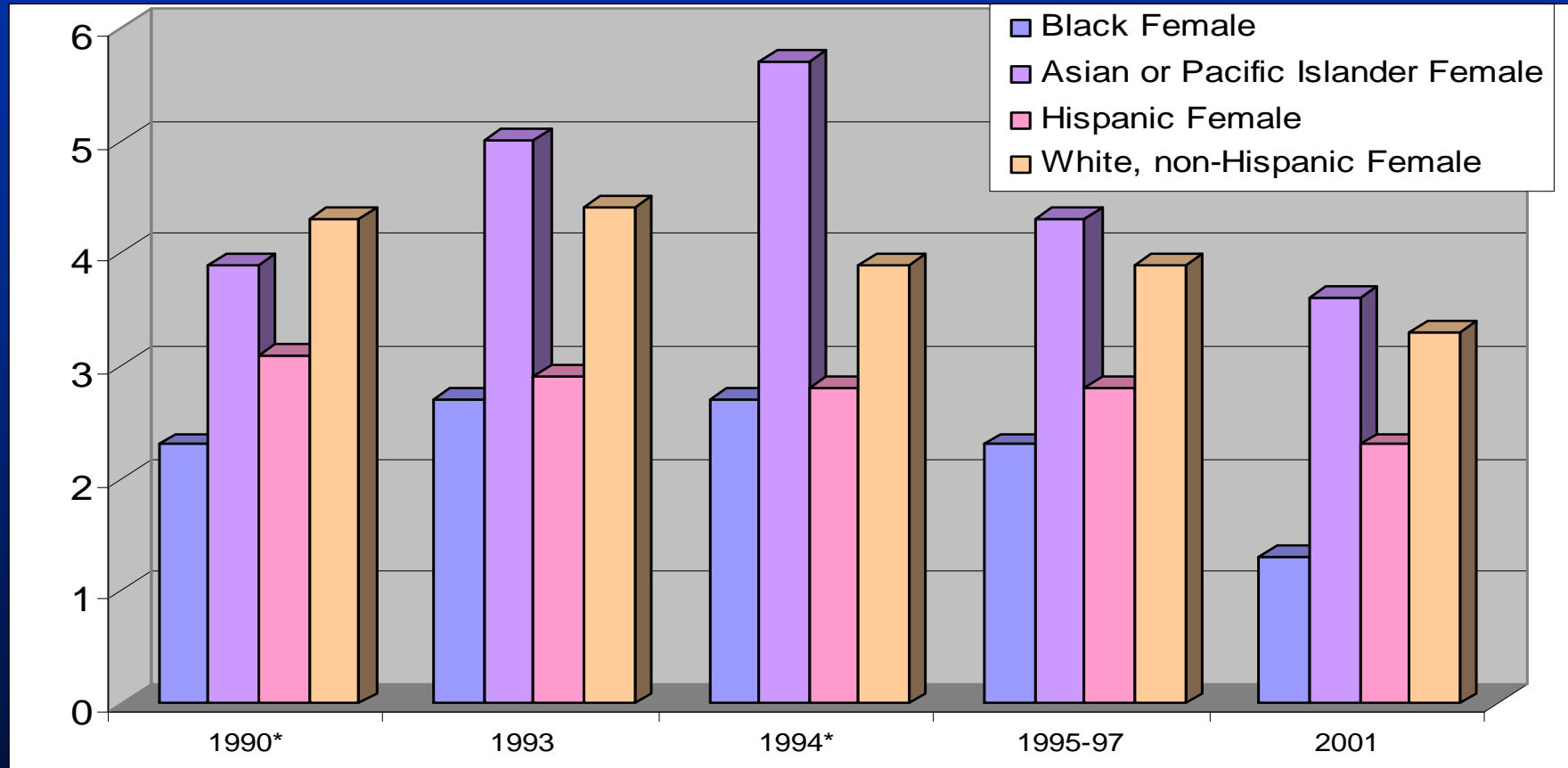
* Except for 1994 and 1996, fewer than 20 deaths reported in these years for Hispanic females, American Indian females, or Alaska Native females.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Grove RD And Hetzel AM. Vital Statistics rates in the United States, 1940-60.

Washington: Public Health Service, 1968; Vital statistics of the United States, vol.88,mortality, part A, for data years 1950-97. Washington:Public Health Service;data computed by the Division of Health and Utilization Analysis from data compiled by the Division of Vital Statistics and from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

API Rates for Suicide, Female Age 15-24 Remain High

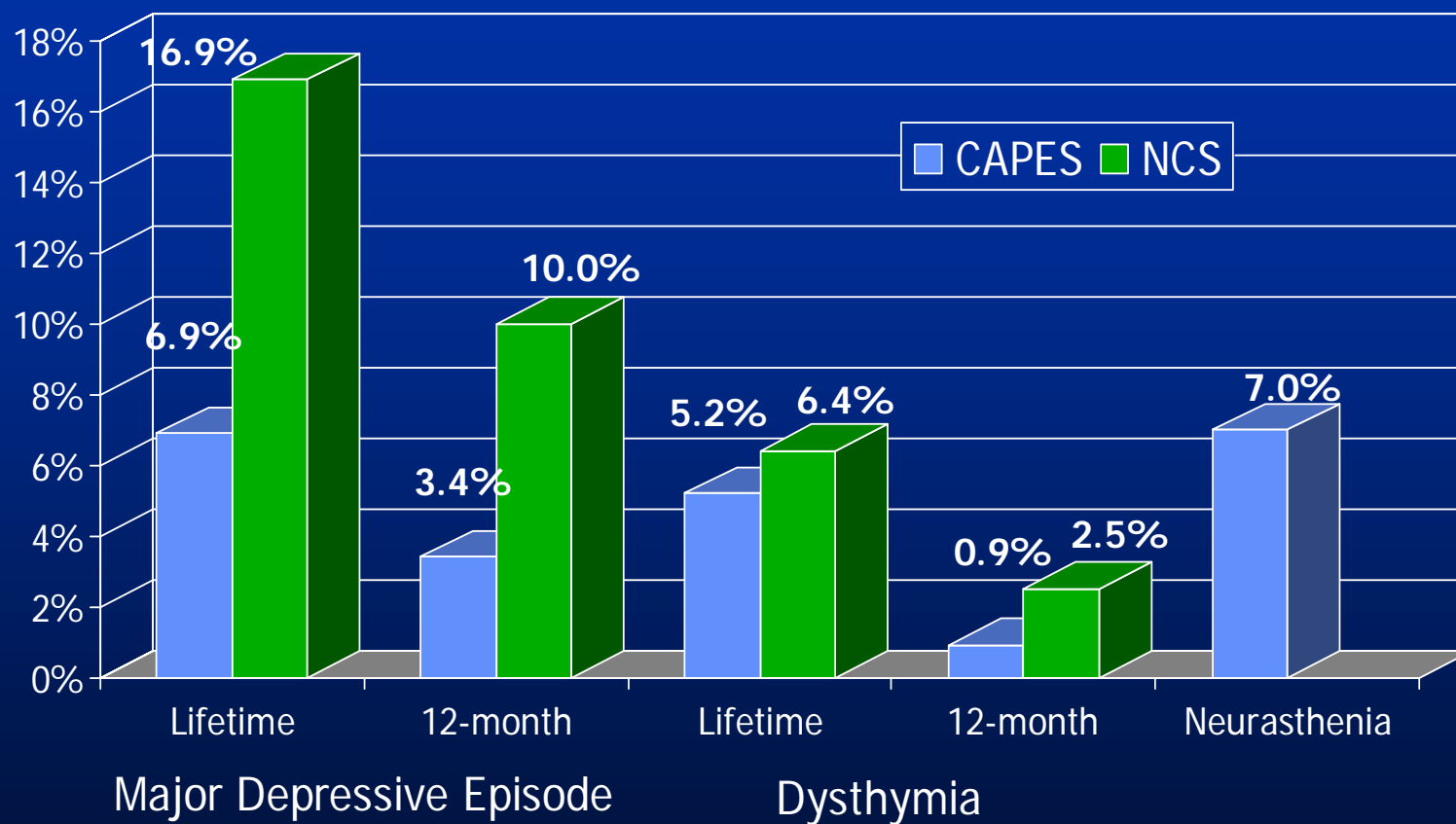
Detailed Race, Hispanic Origin: United States, Selected Years 1990-2001



* Fewer than 20 deaths reported in these years for American Indian or Alaska Native females.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Grove RD And Hetzel AM. Vital Statistics rates in the United States, 1940-60. Washington: Public Health Service, 1968; Vital statistics of the United States, vol II, mortality, part A, for data years 1950-97. Washington: Public Health Service; data computed by the Division of Health and Utilization Analysis from data compiled by the Division of Vital Statistics and from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

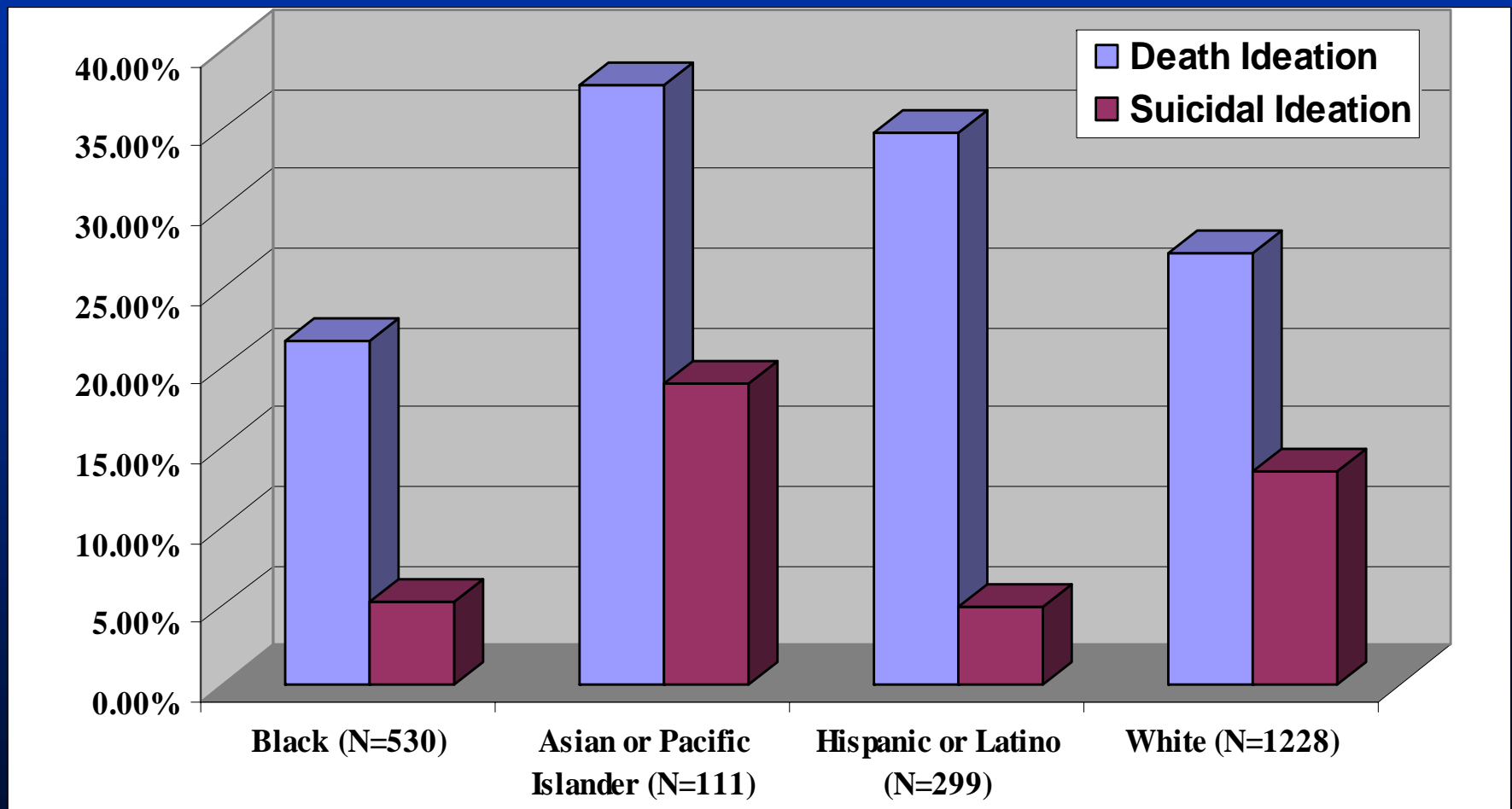
Prevalence of Depression Among Chinese Americans



Takeuchi, D.T., et al.(1998)
American Journal of Psychiatry, 155, 1407-1414.

Suicide and Death Ideation in Depressed Primary Care Elderly

(Bartels et al. Am J Geriatric Psychiatry, 14(4) 2002, p 417-427)



High Rates of Major Depression in Primary Health Care

- A two-phase of epidemiological survey of the prevalence of major depressive disorder among Asian Americans in the primary care setting in Boston (N= 503)
- The Chinese version of the Beck Depression Inventory was used
- Positive cases were validated by clinical interview
- The prevalence rate of MDD among Asian-American in the primary care setting was estimated to be $19.6\% \pm 0.06$

Yeung A, Chan R, Mischoulon D, et al: Prevalence of major depressive disorder among Chinese-Americans in primary care. *General Hospital Psychiatry* 26:24-30, 2004

The New York Times Report

- Cornell is making a special effort to reach out to Asian and Asian-American students. Of 16 students there who have committed suicide since 1996, 9 were of Asian descent.

The New York Times, December 3, 2004

Barriers To Care

Stigma, Shame, and Guilt

Lack of Access

- Language
- Economic
- Education

Lack of Treatment

- Patient and Family Lack of Motivation
- Lack of Providers
- Models of Care Not Competent
- Fragmented Services

Lack of Identification

- Cultural and Linguistic Mismatch
- Focus on Somatic Symptoms

How about providing mental health services in primary health care?

A Bridge Between...

...Primary Care and Mental Health

- **Training and supporting primary care physicians to provide mental health care**
- **Early detection and treatment of mental health problems**
- **Providing on-site mental health care**
- **Helping patients enter the specialty mental health system, if necessary**

Charles B. Wang Community Health Center

- Established in 1971, Originally Chinatown Health Clinic
- Federally qualified community health center
- Provide compassionate, quality, primary health care, mental health, social services & health education
- Has 3 sites serving over 25,000 patients and completing 120,000 patient visits annually
- Serve as a strong health advocate
- Extensive network with community partners

Getting Treatment from a Mental Health Clinic

- **Compared with White, African-American, and Hispanic, Asian Americans felt least comfortable obtaining treatment at a marked mental health clinic.**
- **44.9% felt somewhat to extremely uneasy to get treatment in a setting that was identified as a mental health clinic. (9.3% felt extremely difficulty; 15.0% felt very difficult; and 20.6% felt somewhat difficult.)**

Data from PRISMe Study, a multisite, randomized comparative study funded by SAMHSA, VA, and HRSA.

Getting Treatment from a Primary Care Physician

- **Compared with White, Latino, and African-Americans, Asian (Chinese American) felt least comfortable speaking with Primary Care Provider regarding mental health problems.**
- **62.8% of Asian Americans felt somewhat comfortable to extremely comfortable talking to primary care physician about mental health/substance abuse problems.**

Data from PRISMe Study, a multisite, randomized comparative study funded by SAMHSA, VA, and HRSA.

Factors Affecting Providing Mental Health Services in Primary Care

- Mental Disorders May Be Difficult to Recognize in Busy Primary Care Practice
- PCPs' Lack of Training and Expertise with Mental Health Issues
- Somatic Problems that Often Mask Psychiatric Difficulties

BUT

OPPORTUNITY FOR EARLY ENGAGEMENT and
INTERVENTION!!

Prevalence and Recognition of Depression in Low Income Asians & Latinos in Primary Care

	<u>Asian (n=91)</u>		<u>Latino (n=133)</u>	
	<i>%</i>	<i>Mean</i>	<i>%</i>	<i>Mean</i>
Sig Depressive Sx	41.6		47.3	
Physician ID of a problem**	23.6		43.8	
Accurate Diagnosis	17.2		30.3	
Female **	53.8		72.9	
Language Congruence**	90.1		64.7	
CES-D Score		16.16		17.90
Age (yrs)		52.34		49.82

**p<.01.

Chung et al., Community Mental Health Journal , 2002

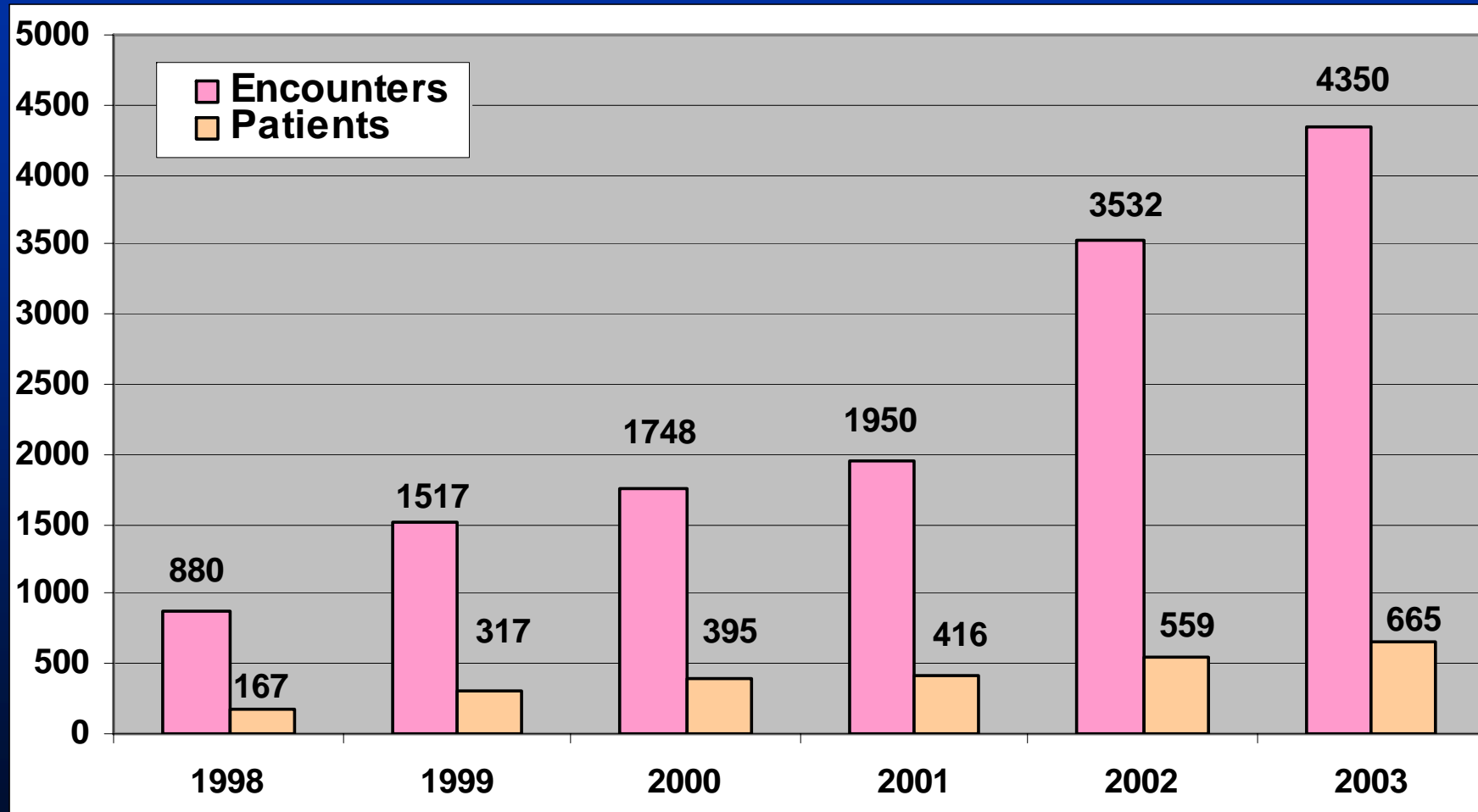
Opportunities in the Primary Health Care

- Easy Access
- Less Stigma
- Early Detection
- Community Health Education

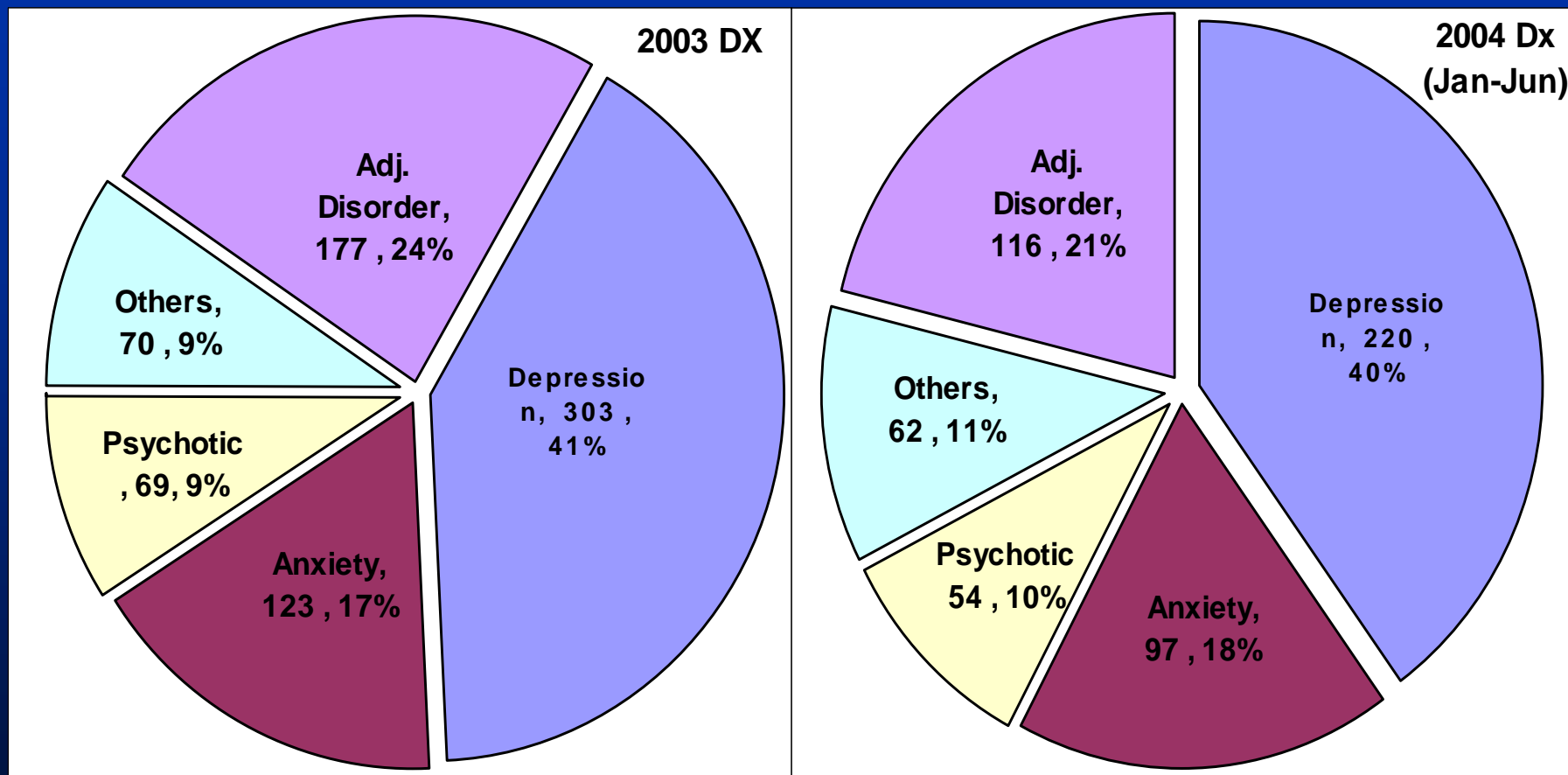
Easy Access to Mental Health Services:

- Mental health services are provided in the same exam room the patient's PCP uses.
- “When you are ready” vs. “when we are ready”
- Increasing Services Capacity in Primary Health Care by involving PCPs
 - Team work: PCP and Care manager
 - Mental health professionals as consultants
 - Follow up intensively through telephone/in person contact

Mental Health Bridge Program Services 1998-2003



Mental Health Bridge Program Diagnostic Distributions



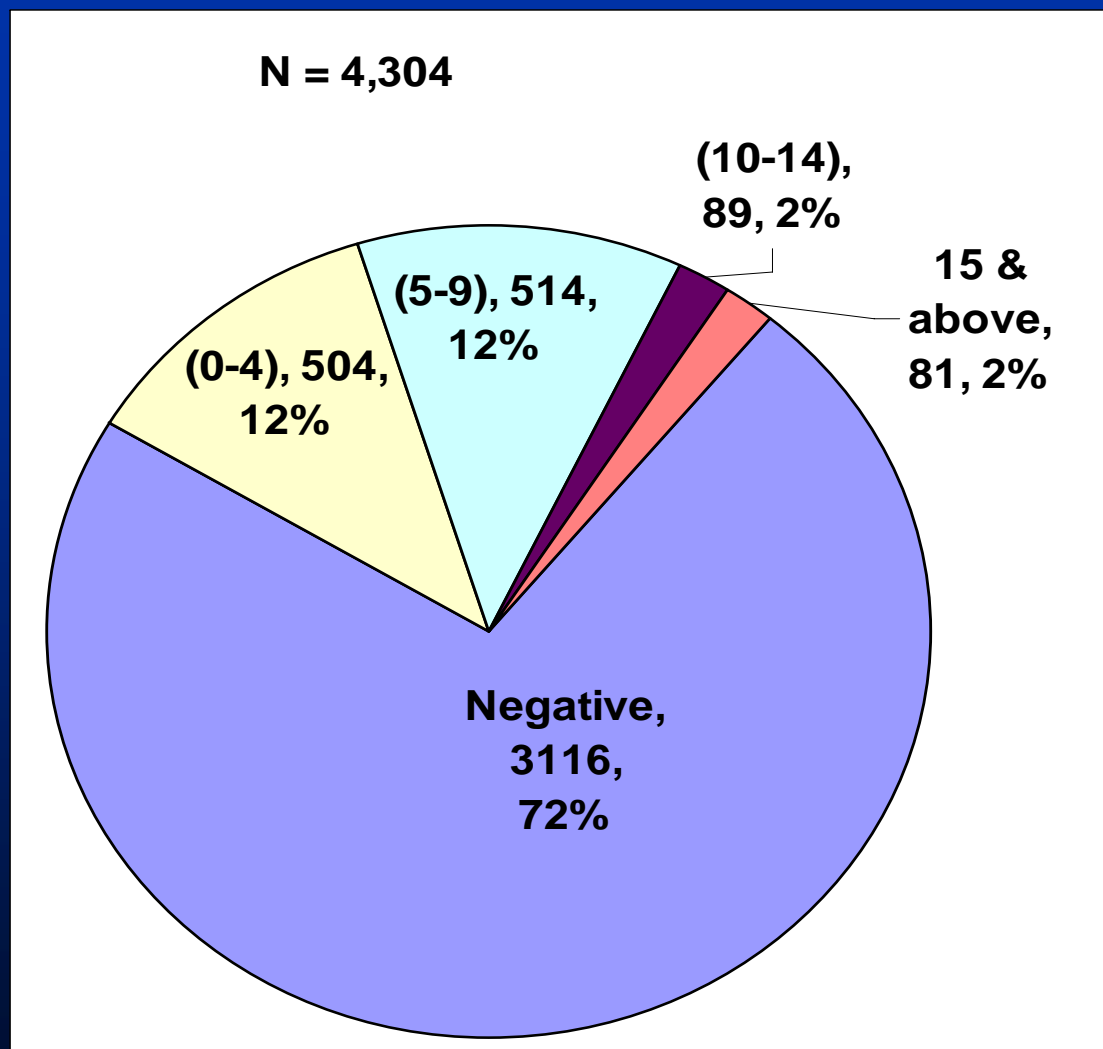
Less Stigma

- **Mental disorders as medical diseases**
- **Mental disorders as chronic diseases**
- **Encourage collaboration between treating clinician and the person who suffers from the disease, just like hypertension and diabetes**

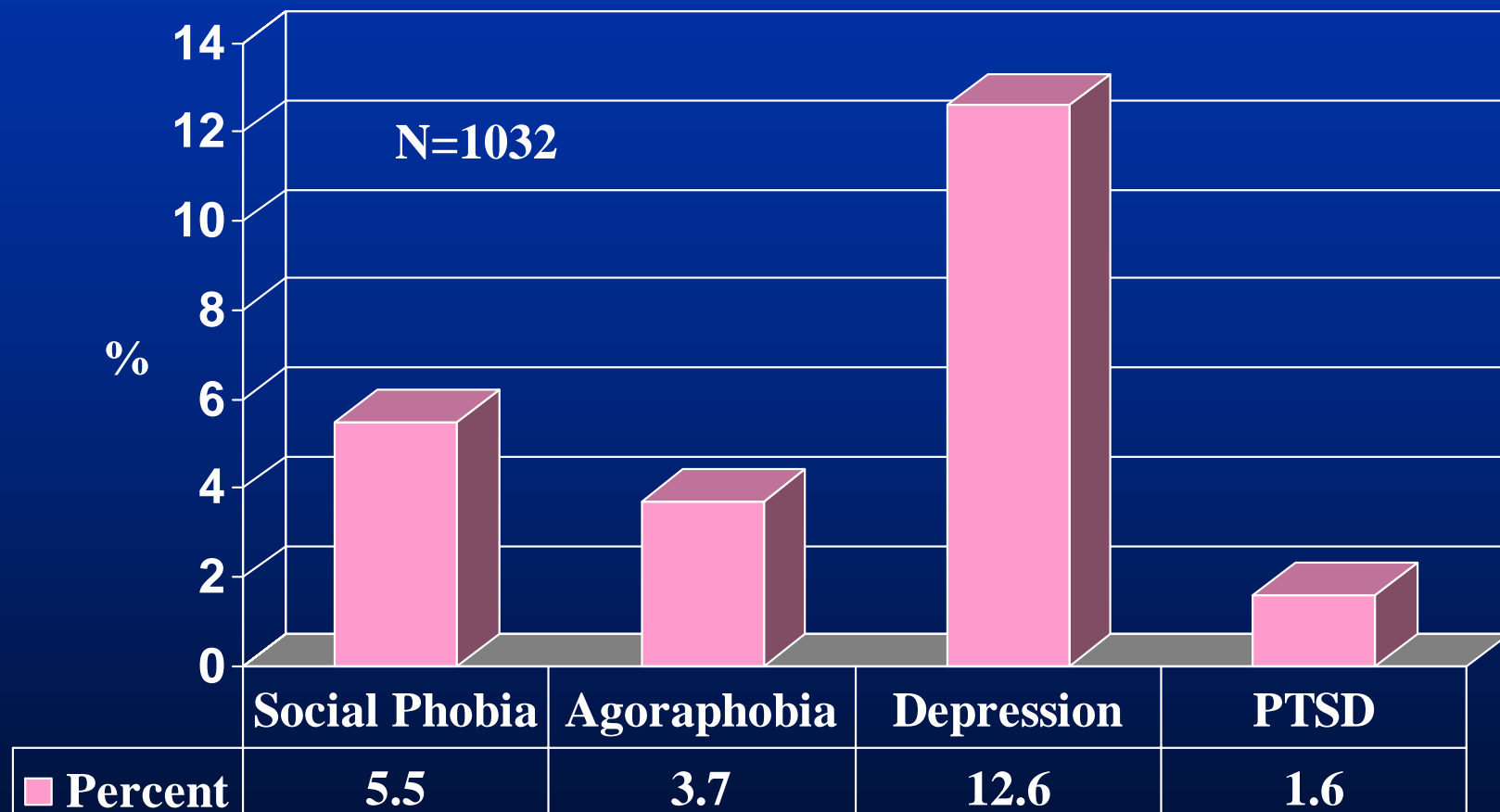
Early Detection: Depression Screening and Treatment

- Routine screening for depression at annual physical examination
- Monitor patients at primary care clinic with periodic re-screening
- Severity scores aid in diagnosis & treatment goals

Adult Depression Screening Results



Adolescent Screening Positive Rate



Community Health Education

- Working with the Health Education Department
- Regular Community Outreach Activities
 - Ethnic News Media: Radio Hotline, Newspaper Articles
 - Health Education Activities in Schools, Senior Centers, and other Community Organizations

華女黃明珠證實死亡



在史丹頓島海旁發現的亞裔女屍，證實是在華埠失蹤的市大華裔女生黃明珠，唯黃女家人拒信死者自殺。

詳見B5版

m

家人拒信自殺一說

失蹤女生黃明珠證實身亡

【本報紐約訊】上週六(十二日)於史丹頓島發現的亞裔女浮屍終為警方證實是失蹤逾日的華裔女生黃明珠，由於死者身上並無明顯外傷，警方初步判斷為自殺案件。黃女家人在接到噩耗後，心情悲痛，其兄幾乎無法說話，其父則堅拒相信黃女是自殺而死。

上週六凌晨六時三十分左右，市警在史丹頓島的維得華夫堡(Fort Wadsworth)海灘發現了一具女性浮屍。該具女屍臉朝下而伏，身穿黑灰色 Gap 的拉鏈毛衣，多色的長袖襯衫，黑色牛仔褲，白色內衣，黑棕色球鞋但無穿襪，死者身上沒有明顯傷痕。由於屍體經過多日海水浸泡，屍身腫脹發白，警方初步判斷是約二十出頭的亞裔女子。

其後，女屍送至法醫室解剖，以了解真正死因。警方在對比黃明珠牙科紀錄後，證實該具女屍為失蹤多日的黃明珠。

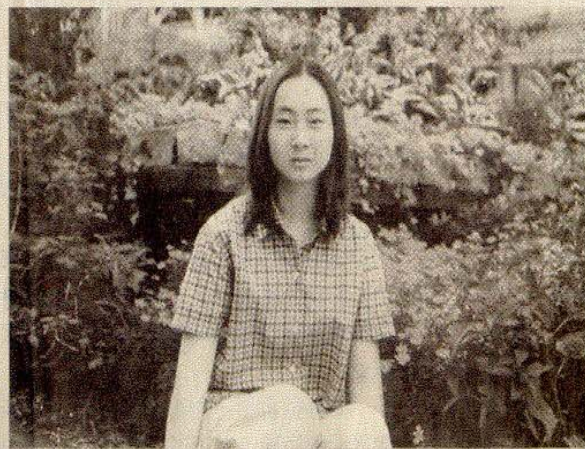
昨(十八)午，黃父向本報表示他不相信女兒是自殺而死，他說，“如果真是自殺，她在臨走前應該會流露依依不捨的表情，但我們看不到她有任何異狀。”黃父表示，黃家

上下一向疼愛明珠，無論明珠想要什麼，他們都千依百順。明珠想買電腦，買音響，家裡人無不答應，連黃母的現金存款明珠都可以直接動用，因此，黃父認為家裡人不會對她構成任何壓力。黃父還說，這個學期是明珠的最後一個學期，因此他怎麼也無法相信她會在畢業前自尋短見。他平日常常對明珠說，人生總是有很多挫折，而每一個人都會遇上困難的階段，因此，只要盡努力便可以。當說到“明珠走了”的時候，黃父停頓著，久久說不出話。再回過神來，他只是重複，“我不相信她是自殺。”

另外，黃父亦承認女兒性格內向，平時沒有甚麼朋友。至於有否男朋友，他表示從未見女兒帶任何異性回家。他說黃家上下還在等待最後的驗屍報告以確定明珠的死因。

根據黃明珠就讀的巴魯學院的幾名學生表示，他們覺得黃女自殺一說並非不無道理，他們認為巴魯學院的課程極為繁重，學生壓力大，尤其以最後一個學期的壓力為最，加上黃女性格內向不善與人溝通，或者一時想不開，

走上絕路，也是有可能的。一名拒絕透露姓名的會計系學生甚至說，她因為壓力過大，經常出現想嘔吐的情況，這一說法與黃明珠在死前一月經常表示頭痛之說不謀而合之處。



■被警方證實死亡的失蹤女生黃明珠。

Support from the following persons are appreciated

Dr. Lawrence Yang

Dr. Frederick Y. Huang

Dr. Hongtu Chen

Dr. George Hsu

PRISMe investigators

Contact information:

**Teddy Chen, LCSW, PhD.
tchen@cbwchc.org**

WHAT IS STIGMA?

Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma, and the resulting discrimination, discourages individuals and their families from getting the help they need. An estimated 22 to 23 percent of the U.S. population experience a mental disorder in any given year, but almost half of these individuals do not seek treatment (U.S. Department of Health and Human Services, 2002; U.S. Surgeon General, 2001).

42



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



MENTAL
HEALTH

it's part of our classrooms

Asian American/Pacific Islanders – Who are they?

- Asian Americans and Pacific Islanders is a broad, umbrella category used in the U.S. Census, federal health surveys and other data collection and surveillance systems to refer to Asians, persons having origins in the original peoples of the Far East, Southeast Asia or the Indian subcontinent, and Pacific Islanders, persons with origins in the original peoples of Hawaii, Guam, Samoa or other islands.

43



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



MENTAL
HEALTH

it's part of our classrooms

Asian American/Pacific Islanders – Who are they?

- 2000 Census**
- ✓ Asian Indian
 - ✓ Bangladeshi
 - ✓ Cambodian
 - ✓ Chinese (excl. Taiwanese)
 - ✓ Filipino
 - ✓ Hmong
 - ✓ Indonesian
 - ✓ Japanese
 - ✓ Other Asian (e.g. Nepalese, Burmese)
 - ✓ Korean
 - ✓ Laotian
 - ✓ Malaysian
 - ✓ Pakistani
 - ✓ Sri Lankan
 - ✓ Taiwanese
 - ✓ Thai
 - ✓ Vietnamese

44



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



**MENTAL
HEALTH**

it's part of our classrooms

Did you Know?

- The word "depression" does not exist in certain Asian languages, such as Chinese, or in many Indian dialects.
- The overall prevalence of mental illness in the AA/PI population is similar to that of the Caucasian population.
- AA/PIs have the lowest use of mental health services among all ethnic populations.
- AA/PIs have higher levels of depressive symptoms than whites. South Asian refugees have the highest rate among Asian groups.
- AA women ages 15-24 and elderly AA women have higher rates of suicide than their counterparts in other groups.

45



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



MENTAL
HEALTH

it's part of our classrooms

Unique factors in AA/PI communities that may contribute to stigma associated with mental illness

➤ Conceptualization of Mental Illness

- Supernatural
- Philosophical
- Character Flaw

➤ Social Structure

- Collectivistic
- Conformist
- Superstitious

➤ Value System

- The “Sita Syndrome”
- The “Model Minority Syndrome”
- Selective Privacy



Efforts to address stigma and discrimination of people with mental illness in AA/PI populations

- NAMI – Asian American & Pacific Islander Mental Health Symposium*
- National Asian American Pacific Islander Mental Health Association (NAAPIMHA)
- National Organization of People of Color Against Suicide (NOPCAS)

*[Asian American Outreach Resource Manual](#)



Effective Models or approaches for addressing stigma toward AA/PI persons with mental illnesses by providers

- Design and implement culturally competent psycho-education programs
- Restructure mental health delivery systems to ensure access
- Create a culture of recovery based on empowerment

48



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



**MENTAL
HEALTH**

it's part of our classrooms



**For an in-depth interview with
Gayathri Ramprasad, please
visit NAMI India at
www.namiindia.com**

**For questions or comments,
Please contact her at:
mindbeautiful2004@yahoo.com**





For more information, contact:

Teddy Chen, LCSW, Ph.D.

Director, Bridge Mental Health Program
Charles B. Wang Community Health Center
tchen@cbwchc.org

Gayathri Ramprasad, M.B.A.

Consumer Advocate
mindbeautiful2004@yahoo.com



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

www.stopstigma.samhsa.gov 50



Questions?

You may submit your question by pressing 01 on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the operator announce your name, you may proceed with your question. After you have asked your question, your line will be muted. The presenters will then have the opportunity to respond.





Conclusion

Thank you very much for participating in the SAMHSA ADS Center conference call, “Overcoming Barriers and the Stigma Associated with Mental Illness in Asian American and Pacific Islander (AA/PI) Communities.”

The Resource Center to Address Discrimination and Stigma (ADS Center) is a project of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

www.stopstigma.samhsa.gov 52



Discussion Questions

1. Describe/discuss some of the social characteristics within AA/PI communities that frame responses to mental health issues and concerns.
2. How are stigma and discrimination related to mental illness manifested within AA/PI communities? What is the impact of such stigma and discrimination on individuals in these communities?
3. What approaches may be incorporated into contemporary treatment delivery mechanisms within these communities to reduce discrimination and stigma?
 - a) Do you know of any programs that successfully incorporate these approaches?
 - b) If so, please describe. If not, discuss the needs unique to your treatment community and how they might begin to receive attention.





Discussion Questions

3. What can be done in AA/PI communities to reduce stigma and discrimination associated with mental illness?
4. What are 2-3 key messages that service providers should hear in order to provide effective mental health treatment/support within AA/PI communities?

Please feel free to use these questions as the basis for your own group discussion about stigma associated with mental illness in Asian American and Pacific Islander communities.





Resources

Articles:

The views expressed within these resources do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

Kurumatani, T., et al. (2004). "Teachers' knowledge, beliefs and attitudes concerning schizophrenia- a cross-cultural approach in Japan and Taiwan." *Social Psychiatry and Psychiatric Epidemiology*, 39(5): 402-409.

Okazaki, S. (2000). "Treatment Delay Among Asian-American Patients with Severe Mental Illness." *American Journal of Orthopsychiatry*, 70(1): 58-64.

Phillips, M.R., et al (2002). "Stigma and expressed emotion: a study of people with Schizophrenia and their family members in China." *British Journal of Psychiatry*, 181: 488-493.

Raguram, R., et al (1996). "Stigma, depression, and somatization in South India." *American Journal of Psychiatry*, 153(8): 1043-1050.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

www.stopstigma.samhsa.gov 55



Resources

On the Internet:

The views expressed within these resources do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

National Asian American Pacific Islander Mental Health Association
(<http://www.naapimha.org/>)

Charles B. Wang Community Health Center – New York City
(<http://www.cbwchc.org/hcs/mh/mh.html>)

NAMI India (<http://www.namiindia.com/>)

National Alliance of Multi-Ethnic Behavioral Health Associations
(<http://nambha.org>)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

www.stopstigma.samhsa.gov 56